

# ELK GROVE COMMUNITY SERVICES DISTRICT

## DEPARTMENT OF PARKS & RECREATION



### We Need You!

#### Coaches:

- 30 volunteer coaches needed
- mandatory training provided
- 1-2 hours/week commitment
- 1 practice or 1 game per week

**Coaches Clinic - Sat., Sept. 11<sup>th</sup>**  
**8:00 -11:00 am**

#### Volunteers:

- needed August to mid-November to assist Site Coordinators & Recreation Coordinator
- tasks include: equipment inventory, phone calls and other duties as assigned

#### Referees:

- paid referees needed
- mandatory training provided (available on Saturdays)
- turn in application by 8/13/04

## Jr. NBA Basketball League

Jr. NBA teaches boys and girls the fundamentals of basketball, good sportsmanship and teamwork in a fun, non-competitive way. Boys and girls play on the same teams. Teams are often made up of kids from the same school. Practices begin in September with the time determined by the league director. The Basketball Bulletin, detailing photo day, important dates, team assignments, etc., will be available at the time of registration. In this league, all players receive a Jr. NBA jersey, trophy and team picture.



### Ages:

Must be 5 by September 1, 2004. Cannot be 17 before September 1, 2004.

4 divisions: • 13-17 yr olds • 10-12 yr olds • 7-9 yr olds • 5-6 (for the beginner)

**Location:** Barbara Morse Wackford Community Complex, GYM  
(Bruceville Rd. & Big Horn Blvd.)

### Dates/Times:

- September 25 to December 4, 2004 (no games 11/27)
- Practices/Games played on Saturdays between 9 am and 7 pm
- Includes 2 practices & 8 league games

### Registration *(By mail or in person)*

**Register through August 20, 2004**

**\$100 per player:**

*Beginning August 23rd a waiting list will be formed. If space becomes available, the late registration fee will be \$110 per player.*

**Don't Delay...  
Register by 8/20**

***No phone-in registration accepted.***

**Weekday Registration: From 8-4 pm at:**

EGCSD Parks and Recreation, 8820 Elk Grove Blvd., Ste. 3, 405-5300,  
or Laguna Town Hall, 3020 Renwick Ave., 684-7550

**For additional information or for an application, call  
Elk Grove Parks and Recreation at 405-5300 or 684-7550**

This is not an Elk Grove Unified School District sponsored program and Elk Grove Unified School District accepts no liability or responsibility for this program/activity.



Fire • Emergency/Medical • Parks & Recreation

[www.egcsd.ca.gov](http://www.egcsd.ca.gov)



## ELK GROVE CSD DEPARTMENT OF PARKS & RECREATION

### 2004 Jr. NBA Coaches Application

**Please complete and return this application as soon as possible.**

Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ E-Mail \_\_\_\_\_

NBA Team you prefer - 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

1. Are you currently NYSCA certified ? If so, which sport(s)? \_\_\_\_\_
2. Name of your child or children you want to coach \_\_\_\_\_
3. Your availability during the 2004 Jr. NBA season:  
Saturday Practices/Games: ☐ Always available ☐ Usually available- Times \_\_\_\_\_
4. Desired Position: ☐ Head Coach ☐ Assistant Coach  
Previous Coaching Experience  
☐ Basketball (please list which seasons) \_\_\_\_\_  
☐ Other Coaching (please describe) \_\_\_\_\_
5. Convictions -- Conviction of a crime is not necessarily a bar to involvement in our program. Each case is considered separately. Have you ever been convicted by any court of an offense? ☐ Yes ☐ No  
*Omit: Minor traffic violations; any offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law; any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45.*  
If Yes, state what offense, when, where, and disposition of case.  
\_\_\_\_\_

**All coaches will be fingerprinted no later than August 13th 2004**

6. Please list two references we can contact other than relatives:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

7. COACHES CLINIC

All coaches **ARE REQUIRED** to attend the EGCSJ Jr. NBA Clinic at the Wackford Community Complex  
9014 Bruceville Rd., Elk Grove, CA 95758

**CLINIC DATE: Saturday September 11<sup>th</sup> • TIME: 8:00-11:00 am**

***Remember to mark your calendar !***



# Elk Grove CSD Department of Parks and Recreation Jr. NBA Registration and Medical Form

(Please Press Firmly)

REGISTRATION INFORMATION

☐ Division 1 (Ages 13-17) #2769

☐ Division 2 (Ages 10-12) #2770

Init.

☐ Division 3 (Ages 7-9) #2771

☐ Division 4 (Ages 5-6) #2772

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Jr. NBA Experience:** ☐ no experience ☐ 1 yr. experience ☐ 1+ yrs. experience

If your child attends private school, which public school is located closest to your home? \_\_\_\_\_

Check all boxes which apply:

☐ Yes, I want to be a Jr. NBA Coach.

☐ I may want to coach.

## Registration continued on reverse-

Payment Information must be completed on reverse. List any special requests on reverse.

## Hold Harmless Agreement

The Elk Grove Community Services District, their officers and employees, and any co-sponsor of this activity are not responsible for any injury which may be suffered by the participant while traveling to, during, or returning from the activity designated in this notice. The sponsoring agency has no medical insurance for individuals, and injury will be the participant's responsibility. Under California Law, an individual, or parent or guardian if actual participant is under 18, is responsible for any and all property damage, personal or private, which the individual may cause during the course of an activity such as designated in this notice. Additionally, the participant, or parent or guardian if actual participant is under 18, acknowledges that the EGCSDD reserves the right to photograph facilities, activities, and program participants for potential future use for publicity or promotion purposes only. I have read and understand this notice.

\_\_\_\_\_  
Signature of Parent or Guardian (over age 18)

\_\_\_\_\_  
Date

EMERGENCY INFORMATION

Parent's Name(s): \_\_\_\_\_

Phone # Mother (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Pgr): \_\_\_\_\_

Phone # Father (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Pgr): \_\_\_\_\_

List any allergies, dietary restrictions, medications, etc. (or indicate NONE): \_\_\_\_\_

What was the approximate date of last Tetanus Booster?: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Carrier & Number: \_\_\_\_\_

**Person to contact in  
Case of Emergency  
Other than Parents:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

As the parent/guardian of the above minor child, I hereby authorize the Elk Grove Community Services District as my agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by any physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act. It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgement may deem advisable. This authorization given pursuant to Section 25.8 of the Civil Code of California.

\*

\_\_\_\_\_  
Signature of Parent or Guardian (over age 18)

\_\_\_\_\_  
Date

We can not guarantee special requests for participants to play on a certain team or with certain players.

For additional information, call EGCSDD Parks and Recreation at 405-5300 • [www.egcsdd.ca.gov](http://www.egcsdd.ca.gov)

Elk Grove CSD Department of Parks and Recreation

# Jr. NBA Registration Information

(Continued)

**Type of Payment:** (check one)

☐ VISA/MC Payment:

\_\_\_\_ VISA \_\_\_\_ MasterCard Card # \_\_\_\_\_ Expires Mo./Yr. \_\_\_\_/\_\_\_\_

Name as it appears on card: \_\_\_\_\_

☐ Check # \_\_\_\_\_

☐ Cash

**Special Requests:** Instructions

A.) **Coach-** For special placement with a coach please indicate his or her first and last name.

B.) **Another Player-** If your child would like to play with another participant indicate players first and last name.

**Both players registration forms must be completed and turned in together.**

**Disclaimer:** EGCSO will do its best to ensure your request is granted, however requests cannot be guaranteed.

(see inside)